

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR WITH FORM PTO-875)

SERIAL NO. **10/522604**

FILING DATE

APPLICA

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
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5	1					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	5	←		←		←
TOTAL CLAIMS	8					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						